

FILED MAR 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5202

State File No.

BIRTH NO.		REG. DIST. NO. <u>162</u>		PRIMARY REG. DIST. NO. <u>5594</u>		Registrar's No. <u>185</u>	
1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jefferson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL MERAMEC</u>		c. LENGTH OF STAY (in this place) <u>9 1/2 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST LOUIS</u>		<u>Mo 2249</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST JOSEPHS HILL IN EUREKA</u>				d. STREET ADDRESS (If rural, give location) <u>2862 Mo. AVE</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>MARTIN</u>		b. (Middle) <u>HUEMMER</u>		c. (Last) <u>HUEMMER</u>	
5. SEX <u>M D W</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED; WIDOWED, DIVORCED (Specify) <u>SINGLE</u>		8. DATE OF BIRTH <u>APRIL 10-1876</u>	
9. AGE (in years last birthday) <u>73</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>GROCER-TAVERN KEEPER</u>		11. BIRTHPLACE (State or foreign country) <u>GERMANY</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>GEORGE HUEMMER</u>		13b. MOTHER'S MAIDEN NAME <u>FRANCES WEBER</u>		14. NAME OF HUSBAND OR WIFE <u>SINGLE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Brother Dominick Cuka</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Insufficiency</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerotic</u> DUE TO (c) <u>Cardiac Vascular Disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 42251				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>9/9/46</u> 19 <u>46</u> , to <u>3/3/50</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>3/3/1949</u> , and that death occurred at <u>130 P M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Ed Mander M.D.</u> (Degree or title)				23b. ADDRESS <u>2155 So Kingshighway</u>		23c. DATE SIGNED <u>3/4/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>3/6/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Josephs Hill Inf. Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Eureka Mo RR#3</u>	
DATE REC'D BY LOCAL REG. <u>March 6/50</u>		REGISTRAR'S SIGNATURE <u>Mrs Ruth Jirsa</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>House of Spring</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 3-13-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed.....

Licensed Embalmer No.

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.